

FILED SEP 19 1941

Registration District No. **83**

Primary Registration District No. **5124**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Buchanan**
(b) City or town **Wallace**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
(Specify whether
In this community. **84 years 2 days.**
years, months or days)

3. (a) PRINT FULL NAME **ESTHER E. LAMAR**

3. (b) If veteran, name war **none** 3. (c) Social Security No. **none**
4. Sex **female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **widowed**
6. (b) Name of husband or wife **Seth Lamar** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **Aug 28th 1857**
(Month) (Day) (Year)

8. AGE: Years **84** Months **0** Days **2** If less than one day
hr. _____ min. _____

9. Birthplace **near Wallace Mo.**
(City, town, or county) (State or foreign country)
10. Usual occupation **housewife**
11. Industry or business **home**
12. Name **William Bush**
13. Birthplace **Unknown Ky.**
(City, town, or county) (State or foreign country)
14. Maiden name **Esther Williams**
15. Birthplace **unknown Ky.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Beatrice Shafter**
(b) Address **Dearborn, Mo.**
17. (a) **Burial** (b) Date thereof **8--31--41**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Turner Cemetery**
18. (a) Signature of funeral director **FLEEMAN & SON INC.**
(b) Address **St. Joseph Mo.**
19. (a) **8/30/41** (b) **De Kall**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Buchanan**
(c) City or town **Wallace**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **30th**
year **1941** hour **9** minute **15** A.M.
21. I hereby certify that I attended the deceased from **July 21st 1941 to Aug 29th 1941**
that I last saw her alive on **Aug. 29th 1941**
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Carcinoma of Liver
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work _____ (Specify type of place)
(c) Means of injury _____
23. Signature **De Kall** (M.D. or other) **8/30/41**
Address **Mo.** Date signed **8/30/41**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

_____, Registered Apprentice No. _____
working under my personal supervision.

Signed _____

Geo. E. Daniel

Licensed Embalmer No. *3300*

P. O. Address *St Joseph Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.